

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>						SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">091936527</div>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1								
2		1		1							
3		2		1							
4		2		1							
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49											
50											
TOTAL IND.	1		1		1		TOTAL IND.	1		1	
TOTAL DEP.	9		9		9		TOTAL DEP.	9		9	
TOTAL CLAIMS	10		10		10		TOTAL CLAIMS	10		10	

BEST AVAILABLE COPY